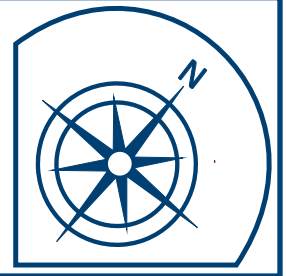# True North

Newsletter of the VA National Center for Ethics in Health Care

Issue 6, September/October 2017

Letter from the Director

Dear Colleagues,

In August of this year, 10 years after the rollout of IntegratedEthics® in VA, NCEHC held a national IntegratedEthics Summit. IE field staff from around the country met with IE staff from NCEHC to build on the past decade of work, share best practices, and set a course for future improvements. The meeting was a great success thanks to the leadership of our Acting Chief of IE John Billig, the dedication and creativity of the summit planning committee, and an energized group of participants. Over the course of the meeting, breakout groups generated and considered 17 different potential approaches for strengthening IE, along with recommendations and next steps for consideration. Topics included rethinking our IE structure, enhancing ethics content and education in IE, the need for IE field staff to have protected time for IE, and an enhanced Veteran focus in our work. We left the summit with a rich and varied range of ideas to consider. I know that all of us who participated are looking forward to reflecting on the next steps to help IE become even more relevant and effective.

This summit also demonstrated the value of sharing knowledge and best practices in an integrated health care system such as VHA. We are able to make the most of our diversity as we share knowledge and collectively identify what is working well. In this issue, we share some promising ethics practices from the Canandaigua, Bedford, and Puget Sound VAMCs. We are eager to learn more about your creative approaches to nurturing a reflective climate, which in turn can help all employees with ethical decision-making and create a strong ethics culture in VA. Table 1 on page 2 collects some of the promising practices that we hope you will consider adopting at your facility.

In September, at our ongoing series of NCEHC Ethics and Professionalism Grand Rounds, we hosted a webcast on the ethical challenges involved in prescribing opiates. Dr. Stephen Hunt of VA Puget Sound Health Care System (HCS) and Dr. Lucile Burgo of VA Connecticut HCS presented clinical cases, analyzed the ethics involved, and provided clinicians in the field with an ethical framework for navigating the challenge of balancing opiate risks with patients' need for pain control. Our thanks to everyone who participated in this compelling and relevant presentation and discussion. We look forward to more case-based Ethics and Professionalism Grand Rounds webcasts in FY 2018, every two months starting on November 9.

—Lisa S. Lehmann, MD, PhD

(Left to right) Dr. Stephen Hunt, Dr. Lisa Lehmann, and Dr. Lucile Burgo at the September Ethics and Professionalism Grand Rounds

Field Innovations:

Promising Practices from Canandaigua, NY and Bedford, MA

For this issue, *True North* spoke with IE program officers at **Canandaigua VAMC** (CVAMC) in New York and the **Edith Nourse Rogers Memorial Veterans Hospital** in Bedford, Massachusetts (also known as the Bedford VAMC) about promising practices they employ to support and improve ethical culture.

CVAMC developed a number of practices to support ethical leadership and improve psychological safety. Director Michael J. Swartz, FACHE, began holding quarterly leadership forums to pass on information and provide supervisors and managers with an open channel for questions. Each meeting also includes an ethical component, which sometimes takes the form of a real-world scenario with serious ethical challenges acted out by supervisors.

Using an Ethics Value Stream, a method for bi-directional communication about ethics activities across all levels of staff, the CVAMC IE team developed a program to identify ethics champions in various departments and programs. These champions demonstrate ethical leadership in their work areas by example, and serve as resources for disseminating information about ethical practices. The facility leadership's explicit support for the role of ethics champions has strengthened efforts to grow and support an ethical culture throughout the medical facility.

CVAMC also created an Ethical Leadership Action Team (ELAT) through a combination of the Ethics Values Stream and suggestions from a prior NCEHC Improvement Forum Call about forming an EL work group. The team will focus on driving improvement by monitoring and responding to metrics, which are based on scores derived from the Servant Leadership and Psychological Safety subsections of the All Employee Survey and results of an internal survey. ELAT members come from all levels of the facility, from senior leadership to clinical and non-clinical frontline staff, including CBOC staff.

Through the use of "Gemba" (a LEAN practice in which data is gathered by visiting work areas to speak with and listen to employees), the CVAMC IE team uncovered several areas in need of improvement. One issue was that employees with ethics-related concerns often did not feel comfortable sharing those concerns with their supervisors. The team also learned that because of a large

number of different reporting options, CVAMC staff were uncertain about how to report ethics concerns. In turn, this confusion led to increased moral distress. In response, CVAMC added an e-reporting tool called the "red button" to its intranet site, a fairly common practice at VAMCs across the country. Gemba also revealed that employees who report ethics concerns want to know that their concerns have been heard and are valued, which in turn increases psychological safety. In response, the facility created an Ethics Triage Reporting Team. The team's main focus is to respond empathetically, within 24 hours, and direct the concern to a staff member who can address it in greater detail. In this way, the reporter knows the concern has been heard.

Six times a year, the **Bedford VAMC** holds Schwartz Rounds™ to help increase compassionate care among health care providers. The rounds are named for, and were endowed by, health care attorney Ken Schwartz, who was diagnosed with terminal lung cancer at age 40. Schwartz was moved by the compassionate care he received while undergoing treatment, and felt that the connection between patient and caregiver was paramount in his care. (See the Schwartz Center website for more information).

Promising Practices		
Ethical Leadership	*Addressing Moral Distress*	*Education*
Quarterly Leadership Forums	Red Button and Ethics Triage Reporting Team	I CARE Posters
Ethics Champions	Schwartz Rounds™	Ethics Cafes
Ethical Leadership Action Team	Unit-based Ethics Conversations	Ethics Rounds (general and specific)

Table 1: Promising Practices

According to Bedford VAMC IEPO Colleen Diamont, the Bedford Schwartz Rounds™ focus on "emotional and psychosocial issues that arise while taking care of patients." Staff members share insights and vulnerabilities, support each other, and foster healing relationships, which helps them provide better care for patients and each other.

Field Innovations

Discussion topics have included end-of-life care, advanced dementia, and billing issues. Since Bedford VAMC began holding the rounds, the facility has seen an increase in morale and in the number of providers who speak up about problems or issues they have encountered.

To help staff members recognize the everyday things that they do to uphold VA's Core Values, Bedford VAMC also produced I CARE posters. The posters combined each of the I CARE values with photos from the facility and its staff. "Commitment" was illustrated by reminders of how many staff came to work during a blizzard. "Advocacy" was demonstrated through pictures of staff meeting with Gold Star families. "Reminding staff of how they demonstrate VA's Core Values every day highlights ethical behavior and makes it part of expected practice," said Diamont.

Another way that Bedford VAMC increases ethical behavior is by encouraging managers to talk about ethics during staff meetings. Staff members are asked if anyone has an ethical concern that they want to talk about. That concern may be one of their own, or something that another staff member has brought to them, but the open-question approach allows staff members to fully explore the ethical dilemmas they may face on a daily basis and how they should respond. In all cases, the ethics staff at Bedford strive to get back to employees who report concerns, with updates on outcomes or the progress of the report. In the future, Bedford VAMC plans to further support this practice by sharing details about committee meetings with staff, including minutes, agendas, the aims of committees, and progress toward achieving those aims.

VA Puget Sound Health Care System Takes Creative Approach to Ethics Discussions

VA Puget Sound Health Care System (VAPSHCS) is developing creative ways to engage staff in discussions about ethical concerns. Ethics rounds, ethics cafes, and unit-based conversations on moral distress are common at VAPSHCS. "The goal is to provide multiple opportunities for conversation and open dialogue that will strengthen the ethics culture," said VAPSHCS IE program officer David Glickman.

In 2013, introductory ethics rounds were conducted at VAPSHCS to increase both ethics knowledge and familiarity with ethics consultation among teams that had low scores in those areas on the VA All Employee Survey. To keep ethics knowledge strong, Glickman continues to conduct ethics rounds by invitation and at orientations.

To address more specific ethics issues, Glickman and ethics consultation coordinator Lisa Vig take requests for presentations on ethical dilemmas specific to individual work groups. Glickman and Vig have presented on the ethics of informed consent and on the differences between DNI (do not intubate) and DNR (do not resuscitate) orders and their respective ethical implications. "If a topic seems confusing and potentially affects a broader audience, we may distribute a white paper about the issue," said Glickman.

To address issues that they hear about during ethics rounds, VAPSHCS IE holds ethics cafes, which are topical lunch and learn presentations open to all staff. In 2016, in response to the release of the high-cost but highly effective Hepatitis C treatment, they held an ethics cafe presentation on the ethical implications of high-cost pharmaceuticals. This year, ethics cafes will cover moral distress, outside care providers, moral injury and repair for Veterans, and ethical health care reimbursement.

To combat moral distress across their facility, the VAPSHCS ethics team trained 20 facilitators to address moral distress through unit-based ethics conversations within work areas.

Ten of the facilitators were chosen from work areas with high levels of moral distress. VAPSHCS shared this initiative with VA Portland Health Care System, which reports success in using it.

Each year, Puget Sound ethics team members personally visit 200 to 350 employees out of the 4000 at VAPSHCS. As part of the focus on moral distress, they also encourage participants to rate their moral distress before and after each meeting. Keeping track of these interactions helps Puget Sound ethics staff monitor the progress of ethics initiatives and stay aware of the rates of moral distress among employees. By combining consistent education and contact with data collection, VAPSHCS is helping to build and maintain a strong ethical culture.

NCEHC and University of Michigan, Ann Arbor Explore Veterans' Preferences about Data Use

NCEHC collaborated with University of Michigan, Ann Arbor (UMAA) ethicists to explore Veterans' preferences about how their health data is shared. A group of Veterans came together to learn about "big data" projects, which use sophisticated computing techniques to analyze extremely large data sets. They then discussed how they felt about different types of informed consent for sharing their health data for big data analyses.

Big data projects have the potential to offer new insights into how health care systems provide care. Most health care-related big data projects have focused on the delivery of services, such as what drives people in some areas to seek more emergency room visits than in other areas, or the causes of longer wait times at appointments. VA is well-positioned to take advantage of the possibilities of big data projects because it is an integrated health care system with hospitals, clinics, and pharmacy services, and because of the number of patients it serves across every region of the country.

But as with any new technology, big data analyses also come with risks. Because VA does not have the computing resources needed to gather and analyze extremely large data sets, it would have to partner with an outside entity to do so. Though all such data would be de-identified, no process is foolproof, and there is a small possibility that the data could be re-identified. Also, Veterans' health care data might contain more sensitive information than that of the general population, such as records of mental health issues and substance abuse.

To explore the question of what type of consent should be obtained from Veterans prior to VA sharing clinical data with a non-VA partner, VA and UMAA used a process called "democratic deliberation." Following this approach, participants are first educated about a topic and then asked to provide informed and considered opinions in small group discussions. University of Michigan ethicist Michele Gornick described the start of the process this way: "One of the first sessions was to let them tell their stories. We do this on purpose so we can shift the focus from their own individual experience to thinking about what's best for Veterans as a whole."

Six groups of Veterans were informed about big data projects, data safety, and the pros and cons of different kinds of informed consent options for such projects. Most groups preferred the option of individual consent to opt in, meaning data could only be shared if each Veteran agreed to do so. The next preferred option was individual notification with an option to opt out, in which data could be shared unless the Veteran declined to participate. However, the format of democratic deliberation allowed for more than simply ordering preferences about informed consent. One group devised its own policy for outside data sharing. Some participants expressed concern for homeless Veterans who could not be reached for notification because they lacked computer access. Other participants expressed a wish for navigators who could walk Veterans through the uses and risks of data sharing.

Democratic deliberation also allows for the possibility of a context-rich understanding of an issue. Since Veterans spent a full day discussing the topic, VA will be able to better understand *why* Veterans preferred the consent models they chose and what their concerns were. This information can then inform future VA decision-making about clinical data sharing.